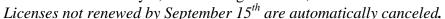
Sales Finance License Renewal Application

For Year July 1, 2007 through June 30, 2008





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Time Sensitive

The renewal application and the required renewal fee must be completed and submitted to the Department on or before July 1, 2007. Renewal applications not timely submitted are subject to the following:

A.R.S. Section 44-282.C. states in part, "License fees shall be due and payable on or before each **July 1**. A penalty of twenty-five dollars per day shall be assessed against any licensee for each day after **July 1** that his renewal application and fee are not received by the department. Licenses not renewed by **September 15** are automatically cancelled."

We require a current (May 1, 2007 or after) "Certificate of Good Standing" from the Arizona Corporation Commission with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ www.cc.state.az.us to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

The license renewal fee for the principal place of business is \$500 and \$200 per branch location. These fees must accompany the renewal application.

Make payable to: Arizona Department of Financial Institutions or AZDFI

Mail to: Arizona Department of Financial Institutions

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

To complete this application:
Type or Print All Information

<u>Do Not Leave Blanks</u> – If Not Applicable Use None or N/A

Make Additional Copies Of Any Page
Or Attach A Separate Sheet If Addition Space Is Necessary

If the licensee is no longer engaging in the business, please return the license(s) for cancellation.

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at http://www.azdfi.gov/Licensing/Forms/Non-Mortgage_Add_Name_Chg_Application.pdf

If there has been a change of ownership, a new license application may be required and the current license surrendered to this Department.

Control / Ownership Change:

Note:A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the superintendent.

- 1. Letter of explanation, providing complete details (the structure of this change may require a new license).
- 2. Copy of signed purchase agreement.
- 3. Copy of stock certificates & stock ledger.
- 4. Need copy of either the amended articles or new articles and a Flow Chart showing new ownership.
- 5. Percentage change in ownership. Provide "Minutes or Corporate Resolution" substantiating change in ownership percentages.

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1. Primary Address:				
Company Name:				License #: SF-
Doing Business As:				
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
Telephone Number:	FAX Number:		Tax ID Number:	
2. Person completing this Renewal				
Name:	•			
Telephone Number:		FAX Number:		
3. Mailing Address, if different from	n above:			
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
4. Corporate Name and Address, if	applicable:			
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
Telephone Number:		FAX Number:		
Do you hold any of the retail installment contracts you originate? 5. Yes No		IF YES, state the aggregate amount outstanding for the last six months:		
Do you purchase and hold retail installment contracts originated to 6. Yes No.		IF YES, state the aggregate an	nount outstanding for the last six n	nonths:
Does your retail sales contract comply with all provisions of A.R.S. Section 44-286 of the Motor Vehicle Time Sales Disclosure Act? 7. Yes No				
8. Current Ownership. If applicant i owned by individuals, provide the separate sheet.	s owned by an entity,			
Name		Titl	e	% Owner
		Overs	rehin Must total 400	0/
		Owne	ership Must total 100	%%

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Branch Name:

City:

City:

Branch Name:

Address Line 1: Address Line 2:

Address Line 1:

Address Line 2:

d.

e.



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	corporation, partnership, association or ti	rust. List additional names on a sepa	rate sheet.		
	Name	Title	% of o	utstanding	voting shares
10.	Since the license was issued (07/01/06 owner, officer, director, member, AM or pmust attach the appropriate paperwor	partner thereof; If you answer "			
a.	been convicted of a criminal offense other than minor traff				☐ Yes ☐ No
b.	been sued in a civil action?				Yes No
c.	had a final judgment issued against him/her?				☐ Yes ☐ No
d.	filed bankruptcy?				☐ Yes ☐ No
e.	had an order entered against him/her been indicted, been government or any other state or territory of the United Sta		agency of this st	ate, the Federal	☐ Yes ☐ No
11.	List all names, locations and license n	numbers of branches:			•
Brand a.	h Name:			License #: MVDBR-	
u.	Address Line 1:			MIVDER	
	Address Line 2:				
	City:	5	State:	Zip Coo	de:
Brand b.	h Name:	•		License #: MVDBR-	
	Address Line 1:				
	Address Line 2:				
	City:		State:	Zip Cod	de:
	h Name:			License #	
Brand C.	Address Line 1:			MVDBR-	
				WVDBK-	
	Address Line 1: Address Line 2:			WIVDBK-	

List additional branches on a separate sheet.

State:

Zip Code:

Zip Code:

License #: **MVDBR-**

License #:

MVDBR-

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Affidavit must be signed by owner or principal officer on file.

STATE OF		
COUNTY OF	SS	
I (print your name)		being duly sworn, depose and say
that I have signed the foregoing applica	tion as (print your title)	of the above named
applicant, having full authority to sign s	such application in said c	apacity; that I have read said application and
that the information contained therein is	s true.	
(D. ()		(T. G.)
(Date)		(Licensee Signature)
Subscribed and sworn to before me this	day of	20
		(Notary Public Signature)
My Commission Expires		